

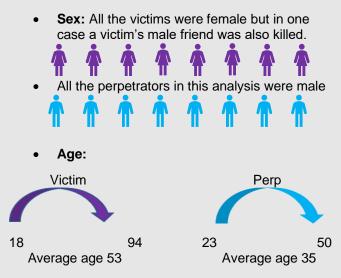
Southend, Essex & Thurrock Domestic Abuse Board

DHR Thematic Review Briefing paper 2022

Introduction

A Domestic Homicide Review (DHR) is a review in the circumstances around a death following domestic abuse. The purpose is to establish what can be learned from the death regarding the way in which local professionals and organisations work individually and together to safeguard victims and prevent further deaths. This summarises the key themes from 8 recently completed DHRs and draws on themes from previously published reviews and national research.

Findings



In adult family homicides perpetrators tended to be younger as they were either a grandson, son or son in law. • **Relationship:** The majority of the of DHRs at a local and national level are intimate partner homicides. This analysis looked at 3 intimate partner homicides (IPH), 1 suicide and 4 adult family homicides.



IPH Suicide (intimate partner) AFH

Published DHR are available on the <u>www.setdab.org</u> website.

Key themes	Identification, understanding and response to domestic abuse, coercive control and stalking
	 Recognising the pattern of behaviour and the importance of professional curiosity.
	Environmental privacy to support enquiry and disclosure.
<u> </u>	Risk identification, assessment, and management
-11-	The need for agencies to ensure they have robust risk assessment and management processes in place.
	Perpetrator Management, support, and disruption
	 Holding perpetrators accountable for their behaviour with proactiv management of their risks and support needs by agencies.
	 This includes referrals to relevant support such as mental health support, substance misuse support, consideration of housing options and relevant programmes.
	Think Family
	To ensure children are visible and consider the risk to other family members and friends.



8 6-0	 Adult family abuse Research has highlighted five interlinked precursors to Adult Family Homicide (AFH): mental health and substance/alcohol misuse, criminal history, childhood trauma, financial factors, and care dynamics.
	 Multi-agency working and information sharing The need to share information across safeguarding forums and other partners to enable coordinated and targeted joint risk management plans. The importance of signposting to or accessing DA Services in health settings. The need to report safeguarding concerns appropriately by the organisation identifying them.
	 Understanding of and responses to co-existing mental health, drug/alcohol, and domestic abuse The importance of agencies in making appropriate referrals for support and that, a 'referral' should not be seen as the end of involvement. The recognition and response to the misuse of prescribed medication. Effective coordinated support/management around mental health and recognising the impact of significant events in people's lives as well as the importance of mental capacity assessments. Dual diagnosis- providing holistic support.
	 Older victims There are no age limits on domestic abuse, older victims are just as likely to experience domestic abuse as younger victims but can face significant barriers when asking for help or when trying to leave an abusive relationship.
	 Teenage victims The need to improve understanding of the impact of domestic abuse on teenagers. Understanding of adverse childhood experiences and the importance of trauma informed practice. Transitions of young people particularly where they may be treated as both an adult and child in different forums.
	 Disability, coexistence of dementia and care dynamics Dementia, caused by disease of the brain, can create changes in a person's mood and behaviour but it is always important to explore relationships for any previous history of domestic abuse. Not all people will recognise themselves as carers, but it is important to offer carers assessments and recognise the role of families and of carer's needs. Awareness of the impact of domestic abuse and having a disability, such as a hearing impairment.